

Exhibit
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INMATE RECEIPT

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

ARP # _____

Date: 1/12/20/22

Received By: James W. King

Witness: [Signature]

_____ **Form ARP-1 — Offender's relief form**

_____ **Form ARP-2 — 1st step response**

_____ **Form ARP-3 — 2nd step response**

_____ **5-Day extension**

_____ **Step 2 denial**

_____ **Rejected**

_____ **Letter #**

_____ **Other**

**1st page of this receipt is to be returned to the Administrative Remedy
Program Director to become part of inmate's ARP file**

YELLOW COPY - INMATE